

**AMENDMENT CHART**  
for Special Order of 3/29/2011

Updated: 3/29/2011 07:53 AM

#	SPONSOR	DESCRIPTION
CS/HB 7087 & HB 7091	Education Committee, K-20 Innovation Subcommittee, Stargel, K-20 Competitiveness Subcommittee, Fresen	Education Law Repeals - Repeals provisions relating to creation of Digital Divide Council in DOE, false claims of academic degree or title, pilot project for discounted computers & Internet access for low-income students, Institute on Urban Policy & Commerce, adult literacy centers, Florida Literacy Corps, Preteacher & Teacher Education Pilot Programs & Teacher Education Pilot Programs for High-Achieving Students, Critical Teacher Shortage Program, Florida Teacher Scholarship & Forgivable Loan Program, critical teacher shortage tuition reimbursement program, Critical Teacher Shortage Student Loan Forgiveness Program, Merit Award Program for Instructional Personnel & School-Based Administrators, professional service contracts for instructional staff, & middle school student requirement relating to end-of-course assessment.
168569	Bullard	Removes repeal of language made obsolete by CS/CS/SB 736 (ch. 2011-01, L.O.F.)
528881	Bullard	Delays, until July 1, 2013, repeal of obsolete professional service contract and continuing contract provisions.
598113	Bullard	Changes the effective date of the bill to delay all repeals contained in the bill until July 1, 2013. Requires the Department of Education to review all of the proposed repeals and make a recommendation to the Governor, Senate President, and Speaker of the House by January 1, 2013, regarding any section or portion of the bill that should not be repealed.

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#	SPONSOR	DESCRIPTION
HB 639	Aubuchon	Affordable Housing - Provides housing finance authority with additional purpose for which it may exercise power to borrow; revises provisions relating to local comprehensive plans to authorize inclusion of element for affordable housing for certain seniors; provides for disposition of real property by local government for certain purposes; revises allocation of certain proceeds distributed from excise tax on documents that are paid into State Treasury to credit of State Housing Trust Fund; includes needs of persons with special needs in state housing strategy's periodic review & report; authorizes DCA Secretary to designate senior-level agency employee to serve on board of directors of FHFC; provides for appointment of inspector general of FHFC; requires certain rates of interest to be made available to sponsors of projects for persons with special needs; provides & revises powers of FHFC; limits reservation of funds within each notice of fund availability to persons with special needs tenant group; includes persons with special needs as tenant group for specified purposes of State Apartment Incentive Loan Program; revises & provides criteria to be used by specified review committee for competitive ranking of applications for such program; prohibits funds from State Housing Trust Fund or Local Government Housing Trust Fund that are
		No Amendments

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#	SPONSOR	DESCRIPTION
CS/CS/HB 99	Economic Affairs Committee, Insurance & Banking Subcommittee, Drake	Commercial Insurance Rates - Exempts additional categories or kinds of insurance & types of commercial lines risks from certain filing requirements; deletes requirement that rate change notice include total premium written for exempt class; removes requirement that specified types of records & information be retained; requires retention of certain actuarial data; requires specified insurers & rating organizations to incur examination expenses; removes requirement that rating organization maintain certain statistics; requires certain actuarial data related to loss cost be retained by rating organization; deletes OIR's authority to require all necessary information to evaluate rate change; expands exemption from certain applicable rate filing requirements to include all commercial motor vehicle insurance; deletes requirement that commercial motor vehicle insurer's rate change notice include total premium written; removes requirement that certain records & information be retained; requires actuarial data relating to commercial motor vehicle insurance be retained; removes requirement that rating organization maintain certain statistics; deletes authority for OIR to require all necessary information from commercial motor vehicle insurer to evaluate rate change.
No Amendments		

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#	SPONSOR	DESCRIPTION
CS/HB 3	Criminal Justice Subcommittee, Nehr	Assault or Battery of Law Enforcement Officers - Requires issuance of specified alert following attack upon law enforcement officer in certain circumstances.
		No Amendments

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#	SPONSOR	DESCRIPTION
CS/CS/HB 39	Judiciary Committee, Criminal Justice Subcommittee, Adkins, Rouson	Controlled Substances - Defines term "homologue" for purposes of Florida Comprehensive Drug Abuse Prevention & Control Act; includes certain hallucinogenic substances on list of controlled substances in Schedule I; provides it is a misdemeanor to be in possession of less than specified amount of certain hallucinogenic substances; provides exception for powdered form of such substances; reenacts provisions to incorporate amendment.
		No Amendments

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#	SPONSOR	DESCRIPTION
CS/HB 7107	Appropriations Committee, Health & Human Services Committee, Schenck	Medicaid Managed Care - Designates AHCA as single state agency to administer Medicaid program; establishes Medicaid program as statewide, integrated managed care program for all covered services; authorizes agency to apply for & implement waivers; provides requirements for eligible plans that provide services in Medicaid managed care program; establishes provider service network requirements for eligible plans; establishes eight regions for separate procurement of plans.
987961	Cruz	Expands the managed care regions from 8 to 11.  The expansion only applies to the Managed Medical Assistance and Managed Long-Term Care programs; not to the Managed Long-Term Care program for the developmentally disabled.
512875	Schenck	Clarifies that the bill's prohibition against plans having business relationships with each other applies to plans within the same region, but does not apply across programs.  This allows affiliated companies to have contracts for both Managed Medical Assistance and Long-Term Care in the same region which is the preferred policy for continuity of care purposes.
828587	Schenck	Creates a disincentive for a plan to withdraw from Region I after being awarded an incentive contract in another Region. If a plan receives an additional contract in another "bonus" Region for providing services in Region I, and later withdraws from Region I, the plan will lose its contract for the "bonus" region.  This is in addition to other penalties for withdrawal in the bill.
924895	Schenck	Clarifies that plans must comply with the current prompt pay laws when paying claims for emergency services by non-contracted providers.
586503	Schenck	Clarifies the description of the rate the plans must pay to non-contracted providers for emergency services. Plans must pay the Medicaid rate as it existed on the most recent October 1st.
872625	Schenck	Forbids the managed care plans from exclusively using mail order pharmacies.
845867	Schenck	Requires the managed care plan internal grievance resolution process to comply with federal standards. The bill currently provides a lower standard than that required by federal Medicaid law.
778053	Jones	Adds a Medical Loss Ratio requirement for Medicaid managed care plans (in addition to the bill's current Achieved Savings Rebate). The MLR would require plans to spend 80-85% of revenue on direct health services, and no more than 17% on administration, salaries, and profit, etc.
578851	Harrell	Requires AHCA to consider managed care plan rate adjustments to encourage cost-effective treatment modalities for chronic diseases.
737189	Schenck	Requires provider service networks (PSNs) to bear full risk in 3 years, rather than 5. The bill currently allows PSNs to be paid fee-for-service at limited risk for 5 years.
970543	Schenck	The Medicaid choice counseling contract must comply with the provisions of federal Medicaid law relating to conflicts of interest.
389123	Schenck	Clarifies that hospitals, primary care providers, and primary care access systems may receive Low-Income Pool funding.
671471	Jones	Removes provisions describing how Medically Needy program enrollees will meet their federally-required share of cost in the Managed Medical Assistance program.

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#	SPONSOR	DESCRIPTION
530347	Schenck	Clarifies that managed care plans are not required to duplicate services that will be provided through statewide contacts — the MomCare Network (pregnancy and infant health services) and the Commission for Transportation Disadvantaged (non-emergency transportation).
731693	Grimsley	Adds a provider type to the list of "essential providers" in the bill (all of which must be included in the networks of all managed care plans).  The new provider type is an integrated system serving medically complex children which meets certain criteria and provides certain services.
042125	Jones	Removes provisions describing how Medically Needy program enrollees will meet their federally-required share of cost in the Managed Medical Assistance program.
596863	Schenck	Clarifies that adults between the ages of 18 and 65 must be disabled to be eligible for Managed Long-Term Care. This is consistent with current federal and state law.
197687	Schenck	Provides that an individual enrolled in Managed Long-Term Care must be re-evaluated every 12 months (not 24), to comply with federal law.
702863	Schenck	Clarifies that plans will pay hospice a prospective payment for each enrollee receiving hospice care.
805099	Schenck	Clarifies the method for setting the rates for Hospice payments - specifies they will be the same as Medicare rates, consistent with current practice.
064189	Pafford	Eliminates Long-Term Care and Developmental Disability managed care programs. Eliminates managed care for all Medicaid recipients by maintaining fee-for-service (Medipass) as an option. Allows enrollees to change managed care plans at any time by notifying AHCA. Establishes a Medical Loss Ratio of 90% for managed care plans. Requires additional information to be given to recipients in choice counseling for plan selection.
703257/AA to 064189	Randolph	Adds ophthalmologist services to the list of Medicaid benefits in the Managed Medical Assistance program.  LATE FILED

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#	SPONSOR	DESCRIPTION
CS/HB 7109	Appropriations Committee, Health & Human Services Committee, Schenck	Medicaid - Requires APD to establish transition plan for current Medicaid recipients to iBudget system by specified date; requires AHCA to develop transition plan for current Medicaid recipients to managed care plans, set reimbursements rates for hospitals that provide Medicaid services, contract on prepaid or fixed-sum basis with certain dental health plans, develop opt-out process for recipients with access to employer-sponsored coverage, maintain Medicaid Encounter Data System, establish designated payment for specified Medicare Advantage Special Needs members, & contract with provider service network to function as third-party administrator & managing entity for MediPass program; provides for expiration of Medicaid Low-Income Pool Council & future repeal of Medicaid managed care pilot program; authorizes AHCA to develop designated payment for Medicaid-only covered services for which state is responsible & create exceptions to mandatory enrollment in managed care; requires DEA to develop transition plan for specified elders & disabled adults receiving long-term care Medicaid services; directs AHCA to develop plan to implement enrollment of medically needy into managed care; provides limitation on noneconomic damages for negligence of practitioners providing services & care to Medicaid recipients.
322285	Schenck	Provides that AHCA may not adjust hospital reimbursement rates based on information that is submitted by a hospital more than 5 years after the rate was established. This is consistent with current AHCA practice, and was technically unclear in the bill.
452001	Schenck	Provides that provider service networks (PSNs) must bear full risk in 3 years or by October 1, 2012, whichever is sooner. This gives all new PSNs 3 years of fee-for-service and gives all existing PSNs one more year before they must move to full risk.  Current law requires existing PSNs to bear full risk in the final year of the original Medicaid Reform pilot, as extended. This could be as early as FY 2011-2012, depending on the extension date currently under negotiation with the federal government.
498751	Schenck	Removes the sunset of certain provider service network (PSN) solvency requirements, so they continue to apply. The requirements were sunsetted inadvertently.
619967	Schenck	Removes the sunset of certain prohibited activities of providers contracting to provide Medicaid services. These provisions were sunsetted inadvertently.



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#	SPONSOR	DESCRIPTION
HB 101	Cruz, Bernard	Violations of Injunctions for Protection - Adds circumstances that violate injunction for protection against repeat violence, sexual violence, or dating violence.
		No Amendments